U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING TAIS REPORT.

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1. File Number U- /700	φ	2. Fiscal Year Covered From				
			1 / 1 / 2004 Through:	12 / 31	/ 2004	
Name and address of person filing.			4. Name, file number, and address of labor organization.			
Name William	C Alexander SR	Name	Teamsters Local 557			
		Labor	Organization File Number 003-004			
P.O. Box, Bldg., Room No., if any 70B			P.O. Box, Building and Room Number, if any 8359			
Street Highvilla Road			Street Pulaski Highway			
City Baltimore		City	Baltimore			
State Maryland	ZiP Code + 4 21221-3280	State	Maryland	ZIP Code + 4	21237-2948	
5. Position in labor organization. President						
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Enter appropriate data below if, during the past flacal year, you or your spouse or minor child directly or ladirectly had any of the following interests (oncept as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Freight Drivers LU 557 H&W Pension Fund	Reimbursed fund related expenses for attending Employee Benefits Conference and Trustees Meetings			
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any 6650 2nd Floor				
	7.b. Amount.			
Street Belair Road				
City Baltimore	\$2,645			
State Maryland ZIP Code + 4 21206				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed William alefrande	Оп	8/14/2005 Date	443-460-9200 Telephone Number

Name of Person Filing William Alexander	SR		File Number U-	

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic bar efft of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.				
Name ABF Freight Systems	Business Dinner				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any 3801					
	7.b. Amount.				
Street Old Greenwood Road					
Chy Fort Smith	\$31				
State Arkansas ZIP Code + 4 72093					
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively ceeking to represent.	income or other economic banefit of monetary value from an employer whose				
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.				
Name Roadway Express, Inc.	Business Dinners				
Trade Name, if any:					
DO D. Bld. D. All. Y					
P.O. Box, Bldg., Room No., if any 1077	7.b. Amount				
Street Gorge Street					
City Akron	\$50				
State Ohio ZIP Code + 4 44309					
A. Held an Interest in, engaged in transactions (inc.uc'ing loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is activaly speking to represent.					
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street					
City					
State ZIP Code + 4					

Form LM-30 (2003)